

Vacation Bible School 2018

June 18-22, 2018

9:00 am-12:00 pm

Ages 3 years-Grade 5



St. Genevieve's Shipwrecked-Rescued by Jesus will provide fun, memorable scripture-based activities for children of all ages. Each day the children move through activity stations with their Crews (small groups of up to 6 kids and 1-2 teenage or adult leader). They'll enjoy Castaway Sing and Play, do wild science experiments at Imagination Station, have fun at Ship Rec Games, enjoy snacks at Tropical Treats, look for God Sightings and experience one of a kind Bible Discovery! The children will take part in a hands-on mission project for food shelves.

Plan on joining us for a closing celebration with program and picnic lunch
Friday, June 22nd 10:30 a.m.

Youth and teens (grades 6-12) are encouraged to join as helpers or crew leaders. Youth volunteer registration forms are available at www.stgens.org or at the parish office.

ADULT Help is NEEDED and appreciated. Current Virtus training is required and available at many time slots and locations! (Contact Susie Irlbeck at sirlbeck@stgens.org)



I can volunteer on:

Mon. ____ Tues. ____ Wed. ____ Thursday ____ Fri. ____

All 5th graders will be a participant and a Junior Crew Leader!

2018 Registration Fees:

Register **ON OR BEFORE May 17:** \$40 per child, Family Rate \$100

Register **AFTER May 17:** \$50 per child, Family Rate \$120

Includes child's tee shirt and one VBS CD per family.

(Adult volunteers -for the week-receive a \$20.00 discount per first child!)

Scholarships are available upon request.

**Hurry! Register before May 17 to get early registration pricing.
Space is limited.**

An email will be sent confirming your registration.

Questions? Please contact Molly Wrobel at mwrobel@stgens.org (651) 426-1818.

Write checks payable to **Church of St. Genevieve** and mail with this registration form to:
Church of St. Genevieve, VBS, 7087 Goiffon Rd., Centerville, MN 55038.

OR register and pay on-line www.stgens.org

SHIPWRECKED VBS REGISTRATION FORM

Family Last Name: _____

Child's Name _____ M/F _____ Grade in Sept. 2018 _____

1. _____

2. _____

3. _____

Address _____ City _____ Zip _____

Emergency Phone # _____ Email _____

Mother's Name _____ Phone # _____

Father's Name _____ Phone # _____

Medical Concerns _____

Medications/allergies/conditions



Emergency Contact (other than parents): Name _____

Daytime Phone _____ Relation to Child(ren) _____

My child(ren) has permission to participate in this St. Genevieve's event. I understand such an event does involve some element of risk incidental to such participation and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Genevieve Catholic Community, their employees, chaperones, leaders. Neither the Archdiocese, St. Genevieve Catholic Community, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Parish or the Archdiocese.

In the event of an emergency, I hereby authorize emergency treatment to be administered.

I authorize any pictures to be taken at this event can be used on the St. Genevieve's webpage.

I authorize the emergency contacts to remove my child(ren) from St. Genevieve's premise in case of illness and emergency.

Parent/Guardian Signature _____ Date _____

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I can volunteer on:

Mon. _____ Tues. _____ Wed. _____ Thursday _____ Fri. _____

Office Use: Number of children _____ Payment _____ CD Received _____